



	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied
1. The support, information, and materials provided by state/local VFC program staff.	1	2	3	4	5
2. The ease of screening patients for VFC eligibility.	1	2	3	4	5
3. The ease of VFC recordkeeping.	1	2	3	4	5
4. The ease of using the VFC vaccine-ordering system.	1	2	3	4	5
5. The condition of VFC-supplied vaccine at delivery.	1	2	3	4	5
6. The decreased need to refer children to public clinics for immunizations.	1	2	3	4	5

7. The effectiveness of the VFC-inventory accountability system.	1	2	3	4	5
8. The variety of vaccine-brand choices available for VFC vaccines.	1	2	3	4	5
9. Your overall satisfaction with the VFC program.	1	2	3	4	5

10. Which vaccines are routinely administered in this practice/clinic? (Please check all that apply)

☐ DTaP ☐ MMR ☐ Hepatitis A ☐ Pneumococcal ☐ Hepatitis B ☐ Polio ☐ Hib ☐ Varicella
☐ HPV ☐ Influenza ☐ Meningococcal ☐ Rotavirus ☐ Td ☐ Tdap ☐ Others: _____

11. a. Does this practice/clinic have a systematic way to identify and recall children in need of vaccinations? ____Yes ____No

b. If Yes, what system(s) do you use? ___recall system, computerized ___ recall system, tickler file ___registry
 ___periodic chart reviews ___Other: _____

12. Has anyone from the Immunization Program conducted a presentation of the Reminder/Recall feature in LINKS at your clinic? ☐ Yes ☐ No

13. Would you like someone to contact you to schedule a presentation of the Reminder/Recall feature in LINKS? ☐ Yes ☐ No

14. What recommendations do you have for improving the VFC program? _____

15. Please share any effective procedure(s) you follow to improve vaccine-coverage rates in your practice. _____

Please fax or mail your completed form to: Louisiana Department of Health
Office of Public Health
Immunization Program
1450 Poydras St., Ste. 1938
New Orleans, LA 70112-1938

Telephone: (504) 838-5300
Fax: (504) 838-5206

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